DATE RECEIVED		

COMPLAINT NO.:	
----------------	--

KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS Complaint Form

Person Filing Complaint

Client Information (if different from person filing complaint) Name: City:	Address:	City:		State:	Zip Code
City: State: Zip Code Display Telephone: () Evening Telephone: (ay Telephone: ()		Evening Te	lephone: ()	
ddress: City: State: Zip Code		C	lient Infor	mation	
Address: City: State: Zip Code Pay Telephone: () Evening Telephone: () Relationship to person filing complaint: Name of Licensed Hearing Instrument Specialist Rame: ddress: City: State: Zip Code Pay Telephone: () Name and phone number of persons who may provide additional information Name Telephone: () Type of Information Name Telephone: () Type of Information Name Telephone: () Type of Information Brief Summary of Complaint		(if differ	ent from person	filing complaint)	
Name of Licensed Hearing Instrument Specialist City: State: Zip Code	lame:				
Name of Licensed Hearing Instrument Specialist State:	ddress:	City:		State:	Zip Code
Name of Licensed Hearing Instrument Specialist ame:	ay Telephone: ()		Evening Te	lephone: ()	
ame: City: State: Zip Code ay Telephone: () Name and phone number of persons who may provide additional information Name Telephone: () Type of Information Name Telephone: () Type of Information Name Telephone: () Type of Information Name Telephone: () Type of Information Brief Summary of Complaint	elationship to person filing	complaint:			
lame: ddress: City: State: Zip Code Pay Telephone: () Name and phone number of persons who may provide additional information Name Telephone: () Type of Information		Name of License	ed Hearing	Instrument Spec	cialist
Name and phone number of persons who may provide additional information Name Telephone: () Type of Information Brief Summary of Complaint	lame:			<u>-</u>	
Name and phone number of persons who may provide additional information Name Telephone: () Type of Information Name Telephone: () Type of Information Name Telephone: () Type of Information Brief Summary of Complaint					Zip Code
Name and phone number of persons who may provide additional information Name Telephone: () Type of Information Name Telephone: () Type of Information Name Telephone: () Type of Information Brief Summary of Complaint		•			•
. NameTelephone: ()Type of Information)av Telephone: ()				
. Name Telephone: () Type of Information Brief Summary of Complaint	ay Telephone: ()				
. Name Telephone: () Type of Information . Name Telephone: () Type of Information . Name Telephone: () Type of Information Brief Summary of Complaint					
. Name Telephone: () Type of Information . Name Telephone: () Type of Information Brief Summary of Complaint				o may provide ad	ditional information
. Name Telephone: () Type of Information Brief Summary of Complaint	Name and ph	one number of pe	rsons who		
Brief Summary of Complaint	Name and pho	one number of pe Telephone: (rsons whe	Type of Inform	nation
	Name and pho	one number of pe Telephone: (Telephone: ())	Type of Inforn Type of Inforn	nation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: ()))	Type of Inforn Type of Inforn Type of Inforn	nationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: ()))	Type of Inforn Type of Inforn Type of Inforn	nationnation
	Name and pho	one number of peTelephone: (Telephone: (Telephone: (Telephone: ()))))	Type of Inform Type of Inform Type of Inform Type of Inform	nationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation
	Name and pho	one number of pe Telephone: (Telephone: (Telephone: (Telephone: (Telephone: ()	Type of Inform	nationnationnationnation

Be sure to include a copy of the following: 1) purchase agreement; 2) delivery statement; 3) any receipt or canceled check; 4) any other document you think will help the Board understand your complaint.	
By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.	
Signature: Date:	

Send to: KENTUCKY LICENSING BOARD FOR HEARING INSTRUMENT SPECIALISTS

ATTN: COMPLAINT PROCESSING PO BOX 1360

FRANKFORT KY 40602-1360

Phone: (502) 564-3296 Fax: (502) 564-4818

Authorization for Release of Medical and Client Records to the Kentucky Licensing Board for Specialists in Hearing Instruments

I,, the undersigned, do hereby
authorize the full release of any and all medical and client records, billing information, purchase
agreement, delivery statement, audiogram, signed medical waiver, record of service to the patient, and
hearing evaluations from,, licensed Hearing
Instrument Specialist, regarding the history, diagnosis, and treatment of me while a patient of the
specialist, to the Kentucky Licensing Board for Specialist in Hearing Instruments or any authorized
agent or investigator of the Board.
I understand that the above records may be used by the Board in the investigation and possible
disciplinary prosecution under KRS Chapter 335 against the specialist. I further understand that the
Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61
and KRS Chapter 13B, or other applicable law.
A photocopy of this authorization shall be deemed effective as an original.
This authorization shall be effective for one year from the date of signing.
Date Signature of client, or parent/legal guardian if client is under 18 years of age